

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 19 1944

Registration District No. 282

Primary Registration District No. 6041

Registrar's No. 1486

71
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Ripley, Thomasson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6 miles S.W. of Naylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ripley 91

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. no

3. (a) PRINT FULL NAME Henry V. Braun

3. (b) If veteran, name war. no

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1944 hour 1 minute PM

4. Sex male 5. Color or race W.

6. (a) Single, widowed, married, divorced. M.

6. (b) Name of husband or wife Mabel Braun

6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Feb 8, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from normal head section
that I last saw him alive on perhaps 30 days ago
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
arteriosclerosis

8. AGE: Years Months Days If less than one day

71 17 hr. min.

Due to arteriosclerosis

9. Birthplace Monroe Co Ill
(City, town, or county) (State or foreign country)

Due to unknown, made proper history

10. Usual occupation farmer

Other conditions none to my knowledge
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name John P. Braun

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary W. Patten

15. Birthplace Randolph Co Ill
(City, town, or county) (State or foreign country)

Major findings: none

Of operations no

Of autopsy no

PHYSICIAN 94

Underline the cause to which death should be charged statistically.

16. (a) Informant Mabel Braun

(b) Address Naylor, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-29-44
(Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cem.

18. (a) Signature of funeral director Maurice Fish

(b) Address Naylor Mo

19. (a) Apr 5, 1944 (b) Bertha W. Fite
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence ✓

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature H. Clewley (M. D. or other) no

Address Naylor Mo Date signed 4/28/44

RECEIVED

District Health Officer No. 5,

District File Number

444232

Date Filed

4-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Bryan C. McCord

Licensed Embalmer No.

4079

P. O. Address

Wagon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.